## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

03752/09148CONS

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
ТО	TAL CLAIMS		f					RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	/ minus 20=		• 1			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	/ mir	inus 3 = *				X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL		OR	TOTAL	7/0
CLAIMS AS AMENDED - PART II										• • •	OTHER	
					(Column 3)	<u>)</u>	SMALL E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
VME	Independent	*	Minus	***		=	] ]	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	'ENDEN	T CLAIM		.]	+135=		OR	+270=	
								TOTAL			TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	<u> </u>
		(Column 1)			mn 2) (Column 3 HEST		۱		ADDI			ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR_	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							┛┃	+135=		OR	+270=	5
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3	<u>)</u>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total		Minus	**		=		X\$ 9=		OR	X\$18=	ï
ME	Independent	*	Minus	***		=		X40=			X80=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENI				T CLAIM			A40-		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

RCE 6/9/03

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001

09/954829

CLAIMS AS FILED - PARY I (Column 1) (Column 2)							SMALL E	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS							RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	<b> </b>	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	minus 20=		*		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =		*		X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PE	RESENT		<del></del>		+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column			olumn 2	TOTAL		OR	TOTAL	750.00
CLAIMS AS AMENDED - PART II								2	OTHER	THAN	
		(Column 1)		(Column 2) (Column 3)			SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus ***  JLTIPLE DEPENDENT		CL AIM	=	X42=		OR	X84=	
<u>L</u>	FINOT PRESE	INTATION OF MIC	JETIPLE DEF	FINDEINI	CLAIIVI		+140=		OR	+280=	
							TOTAL	1	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT. FEE		1	ADDIT. PEE	
_		CLAIMS	]	HIGH	IEST			ADDI-			ADDI-
AMENDMENT B	·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
S S	Independent	*	Minus	***		=	X42=		OR	X84=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b> </b>	Un		
							+140=		OR	+280=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
AWENDWENT C		CLAIMS REMAINING AFTER AMENDMENT	۰	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	٠	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		On.		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE is	s less tha	n 20, enter "20."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										